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OCT 29 2003

TECHNOLOGY CENTER R3700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Patent Application of

Applicant: Berube et al.

Docket No.: P032

Ser. No.: 10/039,873

Examiner: Roane, Aaron

Filed on: January 3, 2002

Art Unit: 3739

FLEXIBLE DEVICE FOR ABLATION OF BIOLOGICAL TISSUE For:

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on October 17,

AMENDMENT A

Hon. Commissioner for Patents Washington, D.C. 20231

Dear Sir:

This amendment, remarks and request for reconsideration is in response to the Office Action mailed on April 17, 2003 directed to the above-identified patent application. Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 6 of this paper.

Amendments to the Drawings begin on page 15 of this paper and includes both an attached replacement sheet and an annotated sheet showing changes.

Remarks begin on page 17 of this paper.

An **Appendix** including amended drawing figures is attached.

AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Berube et al. 2 1 2003					Docket No. P032	
Serial No. 10/039,873	To the second se	g Date /03/02	Examiner Roane, Arron		Group Art Unit 3739	
Invention: FLE	XIBLE DEVICE FOR A	ABLATION OF BI	OLOGICAL TISSUE		~ .	
Transmitted herewith is an amendment in the above-identified application. Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed. The fee has been calculated and is transmitted as shown below.						
		CLAIMS A	S AMENDED			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST# PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	52 -	52 =		x \$9.		
INDEP. CLAIMS	6 -	6 =	0	x \$43	3.00 \$0.00	
Multiple Depende	ent Claims (check if appl	licable)			\$0.00	
		TOTAL ADDITIO	NAL FEE FOR THIS AMI	ENDMENT	Г \$0.00	
☑ Please cl □ A check i ☑ The Direct communi ☑ Any	onal fee is required for a harge Deposit Account I in the amount of ctor is hereby authorized ication or credit any over additional filing fees receptatent application processing and the signature	No. 50-1894 to cover the d to charge payme erpayment to Depo quired under 37 C.	F.R. 1.16. 37 CFR 1.17. Dated: 17 - oct	-03	with this	

Signature of Person Mailing Correspondence

Ross M. Carothers

Typed or Printed Name of Person Mailing Correspondence